

Received 7/14/14

Reviewed 8/6/14 2/2/14

LCID

State of North Carolina  
Department of Environment and Natural Resources  
Division of Waste Management

LAND CLEARING & INERT DEBRIS  
LANDFILL  
Facility Annual Report  
For the period of July 1, 2013-June 30, 2014

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2014 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: WINFREE ROAD LANDFILL INC

Permit: 411-LCID

Physical Address		Mailing Address	
Street 1: 7965 Winfree Road		Street 1: PO Box 603	
Street 2:		Street 2:	
City: Summerfield	County: Guilford	City: Summerfield	
State: North Carolina	Zip: 27358	State: North Carolina	Zip: 27358
Primary Facility Contact Person		Billing Contact Person	
Name: Tim Friddle		Name: Tim Friddle	
Phone: (336) 362-2299	Fax: (336) 298-4690	Phone: (336) 643-3791	Fax:
Email:		Email:	

1. Tipping Fee: \$30.00 per load  
 Tipping Fee: \$45.00 per load  
 Tipping Fee: \$50.00 per load

2. Estimate the amount of waste taken in an average week at this facility? 17 ☐ tons ☒ cubic yards

3. How many weeks did you operate this year? 52

4. What are the hours/days of operation for this facility? Mon-Fri 7:00 am-5:00 pm

5. What is the acreage of the footprint of the waste on site as of June 30? 22.5 Acre(s)

6. Did your facility stop receiving waste during this past Fiscal Year? ☐ Yes ☒ No

If so, please report the date this occurred:

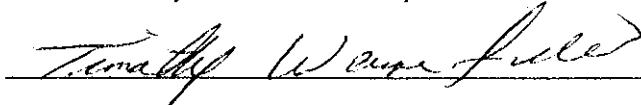
**REMINDER:** According to (G.S. 130A-309.09D(b)), this report must be sent to the Regional Environmental Senior Specialist for your area and a copy of this report must be sent to the County Manager of each county from which waste was received.

Please return your completed report to:

Hugh Jernigan  
585 Waughtown Street  
Winston-Salem, NC 27107-2275  
phone: 336.771.5093 email: Hugh.Jernigan@ncdenr.gov

CERTIFICATION: I certify that the information provided is an accurate representation of the activity at this facility.

Signature:



Date: July 4, 2014

Name: Tim Friddle

Title: Vice-President

Phone Number: (336) 362-2299

Email:

